

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

939
CM

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Gagne	Bob		888-738-2332 952-852-7506
MAILING ADDRESS (Street)			FAX
Colle+McVoy Public Affairs Suite 2400 8500 Normandale Lake Blvd			952-852-8100
(City)	(State)	(Zip Code)	
Minneapolis, MN 55437			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Colle+McVoy Public Affairs			888-738-2332 952-852-7506
MAILING ADDRESS (Street)			FAX
Suite 2400 8500 Normandale Lake Blvd			952-852-8100
(City)	(State)	(Zip Code)	
Minneapolis, MN 55437			

PART II ORGANIZATION

Orphan Medical, Inc.	TELEPHONE
	952-513-6900
MAILING ADDRESS (Street)	FAX
Suite 250 13911 Ridgedale Drive	952-541-9209
(City)	(State)
(Zip Code)	
Minnetonka, MN 55305	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Bob Gagne	888-738-2332 952-852-7506
MAILING ADDRESS (Street)	FAX
Colle+McVoy Public Affairs Suite 2400 8500 Normandale Lake Blvd	952-852-8100

*(City)

(State)

(Zip Code)

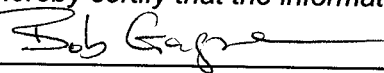
Minneapolis, MN 55437

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|-------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



8 January 2003

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Pam Stahl Vice President of Commercial Operations

NAME OF ORGANIZATION (if applicable)

Orphan Medical, Inc.

TELEPHONE

952-513-6900

MAILING ADDRESS (Street)

Suite 250 13911 Ridgedale Drive

FAX

952-541-9209

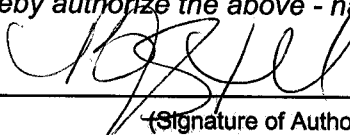
(City)

Minnetonka, MN 55305

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



1/13/03

(Signature of Authorizing Officer or Person Represented)

(Date)